

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 2, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, traction, electrical stimulation, therapeutic exercises, joint mobilization, myofascial release, hot/cold pack, chiropractic manipulative, special reports were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. As the treatment office visits, traction, electrical stimulation, therapeutic exercises, joint mobilization, myofascial release, hot/cold pack, chiropractic manipulative, special reports were not found to be medically necessary, reimbursement for dates of service from 2/28/03 through 8/13/03 is denied and the Division declines to issue an Order in this dispute.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The following table identifies the disputed services and Medical Review Division's rationale:

On June 23, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Rationale
3/3/03	99080-73	\$15.00	\$0.00	V	Review of the carrier's EOBs revealed the carrier denied CPT code 99080-73 as "V-Unnecessary medical with a peer review." However, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement in the amount of \$45.00.
6/5/03	99080-73	\$15.00	\$0.00	V	
7/29/03	99080-73	\$15.00	\$0.00	V	
8/13/03	99178	\$22.00	\$0.00	No EOB	Review of the carrier's EOBs revealed no denial for CPT code 99178. The requestor submitted a copy of the CMS 1500 for confirming request for reconsideration. Therefore, the disputed charge will be reviewed according to the Medicare Fee Schedule. Review of the Medicare Fee Guidelines revealed CPT code 99178 as a deleted code. Therefore, according to the TWCC Rule 134.202 (b) "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare Program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date of service is provided with any additions or exceptions in this section." Therefore, the requestor is not entitled to reimbursement of the disputed charge.
TOTAL		\$67.00	\$0.00		Reimbursement is recommended in the amount of \$45.00.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service rendered on 3/3/03 through 7/29/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

June 1, 2004
Amended June 22, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-04-1953-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on his job in a compensable injury under the TWCC system, but neither the carrier nor requestor included a description of the injury as it occurred. Carrier notes included a statement from attorney ___ along with numerous pages of EOB and HCFA sheets. In ___ statement, he stated that the patient file had been reviewed by Dr. L and she found that there was no correlation between the MRI and NCV/DSEP studies. She also felt that the MRI was inconsistent with the age of the patient (age 25). These studies were not provided to the reviewer by either party to the dispute, only the description by the insurance carrier's attorney. Dr. L's theory as to the condition of the patient was "secondary gain", but not specific as to the gain anticipated. The treating doctor presented a large number of "travel card" styled office notes, but none indicated ongoing progress of the patient and there were no diagnostics or letters of explanation included to attempt explanation of such an extensive treatment plan.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, therapeutic procedures, application of modalities, joint mobilization, myofascial release/soft tissue mobilization and chiropractic manipulations.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no documentation presented by the treating provider that would indicate that this service regimen was reasonable. The provider failed to demonstrate ongoing progress by this patient and failed to indicate that the service was part of a treatment plan that would help this patient get back to a working environment. There was no inclusion of the MRI or neurological studies in this package and the reviewer is unable to determine the medical necessity of the disputed treatment due to a lack of this documentation. As a result, the reviewer must find that the care is unreasonable and unnecessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,